



Summer Sunshine Registration

Student Information

Child's Name: _____ Date of Birth: _____ Male/Female: _____

*Address: _____ City: _____ Zip Code: _____

*Please note that all correspondence will be sent to this address.

Child is living with: ☐ Both Parents ☐ Mother ☐ Father ☐ Other (relationship: _____)

Special Concerns/Medical Concerns/Allergies: _____

If your child requires an epi-pen or emergency medication during program hours, the **Authorization for the Administration of Medication by Summer Sunshine Staff** form must be completed and submitted with this registration form at the time of registration.

Program Information

Please check the appropriate box(es):

**Summer
Sunshine is open
to Newington
Resident Children
Ages 3 & 4**

**Hours:
9 a.m. - 2 p.m.**

**Extended Care:
8 a.m. - 9 a.m.**

Week:	ID:	Program Dates:	Extended Care:	Office Use:
Week 1	<input type="checkbox"/> 9807	Monday and Wednesday, June 23, 25	<input type="checkbox"/> 9819 Extended Care	
	<input type="checkbox"/> 9808	Tuesday and Thursday, June 24, 26	<input type="checkbox"/> 9820 Extended Care	
Week 2	<input type="checkbox"/> 9809	Monday and Wednesday, June 30, July 2	<input type="checkbox"/> 9821 Extended Care	
	<input type="checkbox"/> 9810	Tuesday and Thursday, July 1, 3	<input type="checkbox"/> 9822 Extended Care	
Week 3	<input type="checkbox"/> 9811	Monday and Wednesday, July 7, 9	<input type="checkbox"/> 9823 Extended Care	
	<input type="checkbox"/> 9812	Tuesday and Thursday, July 8, 10	<input type="checkbox"/> 9824 Extended Care	
Week 4	<input type="checkbox"/> 9813	Monday and Wednesday, July 14, 16	<input type="checkbox"/> 9825 Extended Care	
	<input type="checkbox"/> 9814	Tuesday and Thursday, July 15, 17	<input type="checkbox"/> 9826 Extended Care	
Week 5	<input type="checkbox"/> 9815	Monday and Wednesday, July 21, 23	<input type="checkbox"/> 9827 Extended Care	
	<input type="checkbox"/> 9816	Tuesday and Thursday, July 22, 24	<input type="checkbox"/> 9828 Extended Care	
Week 6	<input type="checkbox"/> 9817	Monday and Wednesday, July 28, 30	<input type="checkbox"/> 9829 Extended Care	
	<input type="checkbox"/> 9818	Tuesday and Thursday, July 29, 31	<input type="checkbox"/> 9830 Extended Care	

Program Fees and Extended Care Fees

Program Fees:

- Two Days per week: **\$60 each week**
- Four Days per week: **\$100 each week**
- Four Days per week for all 6 weeks: **\$520***

* To be eligible for the discounted rate, you must register and pay for all 6 weeks at the same time. If weeks are not purchased at the same time, individual weekly rates apply.

Extended Care (8-9 a.m.) Fees:

- Two Days per week: **\$12 each week**
- Four Days per week: **\$22 each week**
- Four Days per week for all 6 weeks: **\$120***

* To be eligible for the discounted rate, you must register and pay for all 6 weeks of extended care at the same time. If weeks are not purchased at the same time, individual weekly rates apply.

Payment Information

Register by mail, fax (860-665-8739) or in-person at the Parks and Recreation office

Please Circle Payment Method: Cash Check Visa Mastercard Discover Debit

Checks Payable To: Newington Parks & Recreation (131 Cedar Street, Newington, CT 06111)

Credit Card # _____ Exp. Date ____/____

Security Code (on back of card) # ____

Signature for Credit Card Use: _____ Date: _____

Total Amount Due:
\$ _____

Parent Information

Parent #1 Name: _____ **Cell Phone:** _____

Parent #1 Address: _____ **City:** _____ **Zip Code:** _____ **Home Phone:** _____

Parent #1 Business Address: _____ **Title:** _____ **Work Phone:** _____

Parent #2 Name: _____ **Cell Phone:** _____

Parent #2 Address: _____ **City:** _____ **Zip Code:** _____ **Home Phone:** _____

Parent #2 Business Address: _____ **Title:** _____ **Work Phone:** _____

Emergency Contact Information

Please provide an additional contact (not residing with you) that we can contact in case a parent/guardian cannot be reached. This person is also given authority to remove the child from the program and to make decisions regarding medical treatment in case a parent/guardian cannot be reached.

Name: _____ **Relationship to Child:** _____

Address: _____ **City:** _____ **Zip Code:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Pick-Up Authorization

I hereby authorize the three individuals named below to pick up my child from the Newington Parks & Recreation Department's Summer Sunshine Program. If there are any changes in these arrangements, I will give written notice. Please note that only the parent/guardian has permission to make changes to the people named below. Parent/guardian must be included on this release (both parents/guardians may be included), and a total of three authorized persons must be listed.

Name: _____ **Phone:** _____ **Relationship:** _____

Name: _____ **Phone:** _____ **Relationship:** _____

Name: _____ **Phone:** _____ **Relationship:** _____

Liability Releases:

Assumption of Liability:

Participation in the activity may involve risk or injury. As a parent, guardian, or participant, I am aware of these hazards and my ability to participate. I hereby agree to release, discharge and hold harmless the Town of Newington, its employees, contracted instructors, and volunteers from the liabilities which may occur while participating in the activity. I understand that participation in any recreational or sport activity involves risk. I further understand that the Town of Newington does not provide accident/medical insurance for the program participants. In addition, I give permission for the participant to be treated by qualified medical personnel in the event that the above named parent/guardian/emergency contact cannot be reached at the phone numbers provided. The Parks and Recreation Department reserves the right to photograph program participants for publicity purposes. Please be aware that these photos are for Parks and Recreation use only and may be used in future catalogs, website, brochures, pamphlets, and/or flyers.

Emergency Medical and Surgical Treatment Release: The information contained herein is accurate to the best of my knowledge. By my signature below, I consent to the following: Release any and all medical, insurance and/or other records to third party, which are in the possession of the Town of Newington or any other party referred to herein. For the Town of Newington to acquire medical insurance, and/or other data from third parties to be added to this record, and for those third parties to release such information to the Town of Newington.

I authorize certified staff to administer first aid/CPR and authorize that my child be transported by an emergency vehicle for any medical treatment. I authorize duly-licensed physicians, nurses and allied health professionals to provide such necessary medical care and to administer such routing diagnostic tests and procedures as in the judgment of the authorized personnel as deemed necessary or advisable for the care of the individual person herein. If the information contained herein refers to an individual other than myself, I am their authorized legal representative and/or guardian and am hereby authorized to submit this material and execute this release form.

I agree with both of the release statements above.

Parent #1 Signature

Parent #2 Signature* (optional)

Date

**Only the parent(s) signing this form is/are authorized to make changes on this form, including adding/removing authorized pick-ups.
All changes must be made in person at the Parks and Recreation office.*